

BP-A0522  
JUNE 10

**SUPERVISION RELEASE PLAN** CDFRM

**U.S. DEPARTMENT OF JUSTICE**

**FEDERAL BUREAU OF PRISONS**

Institution Name: Address: Phone Number:	Date
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Under the law I become eligible for:

☐ Supervised Release

☐ Parole on \_\_\_\_\_ (Date)

☐ Mandatory Release

I submit the following as my plans for the service of the remainder of my sentence under supervision. Pursuant to my sentence, I must report in person to the United States Probation Office within 72 hours of my release.

<b>Residence</b>	
ADDRESS	
WITH WHOM RELATIONSHIP	
TELEPHONE	
<b>Employment</b>	
COMPANY AND SUPERVISOR'S NAME	
ADDRESS	
TELEPHONE	
NATURE OF BUSINESS	

TO BE COMPLETED BY INSTITUTION STAFF	
SENTENCING DISTRICT	
RELOCATION DISTRICT	
DETAINERS	
SPECIAL CONDITIONS	
REMARKS	

Printed Name and Signature of Inmate	Register No.
Witness (Case Manager) Printed Name and Signature	Date
Review (Unit Manager) Printed Name and Signature	Date

This form is to be completed by all individuals subject to supervision by the U.S. Probation Office or Court Service and Offender Supervision Agency for the District of Columbia. This includes Supervised Release, Parole, Mandatory Release, Mandatory Release to Special Parole, Special Parole and Court Designated Parole.

Record Copy - Institution; Copy - U.S. Probation Office; Copy - Inmate

**FILE IN SECTION 5 UNLESS APPROPRIATE FOR PRIVACY FOLDER**

**SECTION 5**